

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 07/01/2009 THROUGH 09/30/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

FOR OFFICIAL USE ONLY

A AMENDMENT 001

B

NAME OF LOBBYING FIRM:

Government Relations Group Inc.

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMEN -
TO

CA

95814

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR

☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Partner

Myrna Allen

Owner

TRICIA HUNTER

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 114367.91
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 42000.00
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 42000.00
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

At (City and State)

By (Signature of Responsible Officer)

11/04/2009

Sacramento CA

Tricia Hunter

Name of Responsible Officer (Type or Print)

Title

Tricia Hunter

Owner

PERIOD COVERED: 07/01/2009 09/30/2009

NAME OF LOBBYING FIRM: Government Relations Group Inc.

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Ms. Katherine Carey American Career College Los Angeles CA 90004				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Board of Registered Nursing Board of Licensed Vocational Nursing and Psyciatric Te - chnicians Departmeent of Consumer Affairs				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 5000.00	\$ 0.00	\$ none 0.00	\$ 5000.00	\$ 15000.00
Employer's Name, Address and Telephone Number Exec. Dir Tricia Hunter AMERICAN NURSES ASSOCIATION/CALIFORNIA RN Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) none				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 7500.00	\$ 0.00	\$ none 0.00	\$ 7500.00	\$ 22814.99
Employer's Name, Address and Telephone Number Katherine Carey WEST COAST UNIVERSITY Los Angeles CA 90004				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Board of Registered Nursing Board of Licensed Vocational Nursing and Psyciatric Te - chnicians Departmeent of Consumer Affairs				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 325000.00	\$ 2867.91	\$ none 0.00	\$ 35367.91	\$ 85646.60
			SUBTOTAL	\$ 114367.91

☒ If more space is needed, check box and attach continuation sheets

PERIOD COVERED: 07/01/2009 09/30/2009NAME OF LOBBYING FIRM: Government Relations Group Inc.**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
Shannon Government Relations Sacramento CA 95814	Hearing Healthcare Providers of - California	\$ 9000.00	\$ 27000.00
Gary Cooper et al Sacramento CA 95814	Hearing Healthcare Providers of - California	9000.00	12000.00
Lang Hansen O'Malley and Miller Sacramento CA 95814	Hearing Healthcare Providers of - California	24000.00	24000.00
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 42000.00

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Hon. Tricia Hunter HEARING HEALTHCARE PROVIDERS/CALIFORNIA Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 1535 Department of Healthcare Services-- Medi-Cal Department of Consumer Affairs - Licensing issues				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 42000.00	\$ 105.00	\$ 0.00 none	\$ 42000.00	\$ 71105.00
Employer's Name, Address and Telephone Number AMN HEALTHCARE INC. San Diego CA 92130				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Board of Registered Nursing				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 12500.00	\$ 0.00	\$ 0.00 none	\$ 12500.00	\$ 250000.00
Employer's Name, Address and Telephone Number CHILDREN'S HOSPITAL AND HEALTH CENTER San Diego CA 92123				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Ab 356; AB 445				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 12000.00	\$ 0.00	\$ 0.00 None	\$ 12000.00	\$ 30030.00
PAGE SUBTOTAL			\$ 66500.00	

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars.)

See Instructions on reverse.)

Employer's Name, Address and Telephone Number

BETHAL ENERGY LLC

Cardiff CA 92007

Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)

None

Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00 None	\$ 0.00	\$ 0.00

PAGE SUBTOTAL \$ 0.00

TEXT ANNOTATION

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Schedule F625

Reference No: 7571

Board of Registered Nursing Department of Consumer Affairs Governors Office AB 56 AB 91 AB 221 AB 367 AB 543 AB 657 AB 832 AB -
867 AB 877 AB 977 AB 1295 AB 1310 AB 1430 AB 1455 SB 155 SB 158 SB 182 SB 294 SB 360 SB 674 AB 1416 AB 252 AB 1116 SB821